

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

OMB AF	PROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated average hours per respon	burden se 16.00
SEC US	SE ONLY
Prefix	Serial
	1
DATE R	ECEIVED

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	
Convertible Promissory Note (and the Preferred Stock and/or Common Stock issuable upon c	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506	Section 4(6) ULOE
Type of Filing: New Filing	
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer.	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Etsy, Inc.	· ·
Address of Executive Offices (Number and Street, City, State, Zip Code) 325 Gold Street, 6 <sup>th</sup> Floor, Brooklyn, NY 11201	Telephone Number (Including Area Code) 718-855-7955
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) same as above	Telephone Number (Including Area Code)
Disf Description of Property	PROCESSED
Brief Description of Business Internet commerce company	7
	MAY 2 4 2007
Type of Business Organization	
	(please specify): THUIVISUN
business trust limited partnership, to be formed	FINANCIAL
Actual or Estimated Date of Incorporation or Organization:    Month   Year	
GENERAL INSTRUCTIONS	
Federal:  Who Must File: All issuers making an offering of securities in reliance on an exemption under Resort 15 U.S.C. 77d(6).	gulation D or Section 4(6), 17 CFR 230.501 et seq.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC address after the date on which it is due, on the date it was mailed by United States registered or cerea.	at the address given below or, if received at that
Where To File. U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D	.C. 20549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be must be photocopies of the manually signed copy or bear typed or printed signatures.	manually signed. Any copies, not manually signed
Information Required: A new filing must contain all information requested. Amendments need o changes thereto, the information requested in Part C, and any material changes from the information the Appendix need not be filed with the SEC.	n previously supplied in Parts A and B. Part E and
Filing Fee: There is no federal filing fee.	11.01 7 6 2007
State:	· // //
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULC	E) for sales of securities in those states that have

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice

constitutes a part of this notice and must be completed.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

	TACTA PLO VINNE STATE TO	AA. BASIC IDENTII	(CATION DALA PLAN	752, 5480 LEGSTR	<b>依是国际的特别</b> 。
2. Enter the information re	quested for the foll	owing:	at Gue vices		•
• Each promoter of the	issuer, if the issuer h	as been organized within the pa vote or dispose, or direct the v	Strive years, one or disposition of 10% or th	note of a class of eq	uity securities of the issuer:
Each executive office	r naving the power to	orate issuers and of corporate g	eneral and managing partners	of partnership issue	rs; and
Each general and man			,		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Kalin, Robert	1 ,,,,,,,,,				·
Business or Residence Addre	ess (Number and St	reet, City, State, Zip Code)		-	
c/o Etsy, Inc., 325 Gold Str					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Fake, Caterina					
Business or Residence Addre					
c/o Etsy, Inc., 325 Gold Str	eet, 6 <sup>th</sup> Floor, Bro	oklyn, NY 11201			
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	Executive Officer	☑ Director	☐ General and/or  Managing Partner
Full Name (Last name first,	if individual)				
Wenger, Albert					<u> </u>
Business or Residence Addre	ess (Number and S	treet, City, State, Zip Code)			
c/o Etsy, Inc., 325 Gold Str					
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or  Managing Partner
Full Name (Last name first,	if individual)			•	
Jaspa Investment Co.					
Business or Residence Addr	ess (Number and S	treet, City, State, Zip Code)			·
c/o Etsy, Inc., 325 Gold Str	eet, 6th Floor, Bro	oklyn, NY 11201			
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Handmade Partners LLC					
Business or Residence Addr					
c/o Etsy, Inc., 325 Gold Str	eet, 6th Floor, Bro	oklyn, NY 11201			
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Meenan, Spencer					
Business or Residence Addr			1		-
c/o Etsy, Inc., 325 Gold Str	reet, 6 <sup>th</sup> Floor, Bro	ooklyn, NY 11201			
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Union Square Ventures 20					<u></u>
Business or Residence Addi	ress (Number and S				
c/o Union Square Venture	s, 915 Broadway,	Suite 1408, New York, NY	10010		
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner

B INFORMATION ABOUT OFFERING												
										Yes	No ⊠	
1. Has	the issuer sold	, or does th	e issuer inte				stors in this Column 2, if			••••••	П,	
2. What is the minimum investment that will be accepted from any individual?											-	n/a
3. Does the offering permit joint ownership of a single unit?											Yes ⊠	No □
<ol> <li>Does the offering permit joint ownership of a single unit?</li> <li>Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any</li> </ol>												_
com	commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or											
with	a state or sta	tes, list the	name of the	e broker or	dealer. If	more than	five (5) per	sons to be	listed are a	ssociated		
persons of such a broker or dealer, you may set forth the information for that broker or dealer only. NONE  Full Name (Last name first, if individual) n/a												
	or Residence			Street, City	State, Zip	Code) n/a						
	Associated Br				. , .	·						
	Which Person			Intends to	Solicit Pur	chasers				•		
	"All States"								•		🗀 A	All States
. [AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MÖ]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	· [wv]	[WI]	[WY]	[PR]
Full Nam	e (Last name	first, if indi	vidual) n/a									
Business	or Residence	Address (N	umber and S	Street, City	, State, Zip	Code) n/a						
Name of	Associated Br	oker or Dea	aler n/a									
	Which Person											
(Checl	c "All States"	or check in		ates)	**************							All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	. [WA]	[ ** Y ]	ניייו	[17 1]	[1 K]
	ne (Last name			<del> </del>	Chata 72-		<u> </u>					
	or Residence			ыгеет, СПу 	, State, Zip	Code) n/a		-				<del></del>
	Associated B			T-4- 4- 1	Calleis D				<u></u>			
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individuals States)												
(Checi		or cneck in [AZ]	aividuais Si [AR]	(CA)	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
_												

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

a.	C. OFFERING PRICE NUMBER OF INVESTORS, EXPENSES AND USE OF PRO	ÇĒ	EDS	· .	(大) 機動
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(  \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		Aggregate	Am	ount Already
	Type of Security	0	ffering Price		Sold
	Debt	<u>\$</u>	-0-	\$	-0-
	Equity	:	\$250,000.00		250,000.00
	☐ Common ☐ Preferred	_		<u>\$</u>	
	Convertible Securities (including warrants)	\$	-0-	\$	-0-
	Partnership Interests	\$	-0-	\$	-0-
	Other (Specify)	\$	-0-	<u> </u>	<b>-</b> 0-
•	Total		\$250,000.00		250,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.				<del></del>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number o persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines Enter "0" if answer is "none" or "zero."	f			Aggregate
			Number Investors	Do	ollar Amount of Purchase
	Accredited Investors		1		250,000.00
	Non-accredited Investors		0	<u>\$</u>	-0-
	Total (for filings under Rule 504 only)		n/a	<u>\$</u>	n/a
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sole by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		Type of	De	ollar Amount
	Type of Offering		Security	<b>D</b> (	Sold
	Rule 505		n/a	\$	n/a
	Regulation A		n/a	\$	n/a
	Rule 504	_	n/a	\$	n/a
	Total		n/a	\$	n/a
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish at estimate and check the box to the left of the estimate.	y			
	Transfer Agent's Fees			<u>s</u>	-0-
	Printing and Engraving Costs			<u>\$</u>	-0-
	Legal Fees			<u>\$</u>	5,000.00
	Accounting Fees			<u>\$</u>	-0-
	Engineering Fees			<u>\$</u>	-0-
	Sales Commissions (specify finders' fees separately)			<u>\$</u>	-0-
	Other Expenses (identify)			<u>\$</u>	-0-
	Total		$\boxtimes$	<u>\$</u>	5,000.00

	C. OFFERING PI	RICE, NUMBER OF I	NVESTO	RS, EXPENSES AND	USE OF PROC	EEDS	<b>.</b>		
	b. Enter the difference between the aggregatotal expenses furnished in response to Paproceeds to the issuer."	rt C — Question 4.	a. This	difference is the "a	djusted gross			\$ 245	,000.00
5.	Indicate below the amount of the adjusted g of the purposes shown. If the amount for at to the left of the estimate. The total of the issuer set forth in response to Part C — Que:	ny purpose is not kno payments listed mus	wn, furni	sh an estimate and	check the box				
					Off	licers,	ments to Directors & filiates		ments to Others
	Salaries and fees			••••		] \$	-0-	□ \$	-0-
	Purchase of real estate					] <b>s</b>	-0-	<b>\$</b>	-0-
	Purchase, rental or leasing and installation o	f machinery and equip	pment			] <b>s</b>	-0-	□ \$	-0-
	Construction or leasing of plant buildings an	d facilities	• • • • • • • • • • • • • • • • • • • •			] \$	-0	□ \$	0-
	Acquisition of other businesses (including the					_			
	in exchange for the assets or securities of and		-		<del>-</del>			<b>S_</b>	
	Repayment of indebtedness							□_\$_	
	Working capital					] \$	-0-	<b>∑</b> \$24.	5,000.00
	Other (specify):								
						] \$	-0-	□ \$	-0-
	Column Totals				[	] <b>s</b>	-0-	<b>⊠</b> \$ <u>24</u> :	5,000.00
	Total Payments Listed (column totals added)	)	••••••				<b>⊠</b> \$ <u>24</u>	5,000.00	!
		D. FEDE	RAL SIC	GNATURE ·					
si	ne issuer has duly caused this notice to be sig gnature constitutes an undertaking by the issu formation furnished by the issuer to any non-a	uer to furnish the U.S	S. Securit	ies and Exchange (	Commission, up				
	suer (Print or Type) sy, lnc.	Signature	16	<u> </u>			Date 5/8	107	
	ame of Signer (Print or Type) obert Kalin	Title or Signer (Portion President and Chie	rint or T f Executi	ype) ve Officer	· ·				
		A	TTEN	rion					
							0.0.1001		
	Intentional misstatements or	omissions of fact co	institute i	iederai criminal vid	piations. (See I	ð. U.	S.C. 1001.)		

